MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/936823

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		(2)	1				56					
7		(2)					57					
8		(2)					58					
9		(2)					59					
10		4					60					
11		4					61					
12		4					62					
13		4					63					
14		4					64					
15		(1)					65					
16		(2)					66					
17		(2)					67					
18		(2)					68					
19		(1)					69					
20		(1)					70					
21		(2)					71					
22		(1)					72					
23		(2)					73					
24		(1)					74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	35						TOTAL DEP.					
TOTAL CLAIMS	36						TOTAL CLAIMS					

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS